

Lincoln Police Department Thomas K. Casady, Chief of Police 575 South 10th Street Lincoln, Nebraska 68508

402-441-7204 fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

March 4, 2010

Mayor Beutler and City Council City of Lincoln City County Building Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Kinja Sushi & Japanese Cuisine, 4141 Pioneer Wood Drive, Suite F requesting a class I liquor license.

Hyang Kim, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant on Ms. Kim will be omitted as she is the current approved liquor license manager for Shogun which holds a class I liquor license.

The required training was completed on May 8, 2008

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



Street Address #2		
Street Address #1 3700 S. 9th Street		OOMMISSION
<sub>Name</sub> Hyang Kim		CONTROL COMMISSION
Mail address (where you want receipt of n	ian from the commission)	AIR PAGE
Is this location inside the city/village corporation and research of participations (where you went receipt of participation).		NO MAR O I 2010
		RECEIVED
Premise Telephone number (402) 488		
<sub>City</sub> Lincoln	Lancaster	Zip Code_68506
Street Address #2		
Street Address #1 4141 Pioneer V	Voods Drive, Suite F	
Trade Name (doing business as) Kinja		
PREMISE INFORMATION	0	

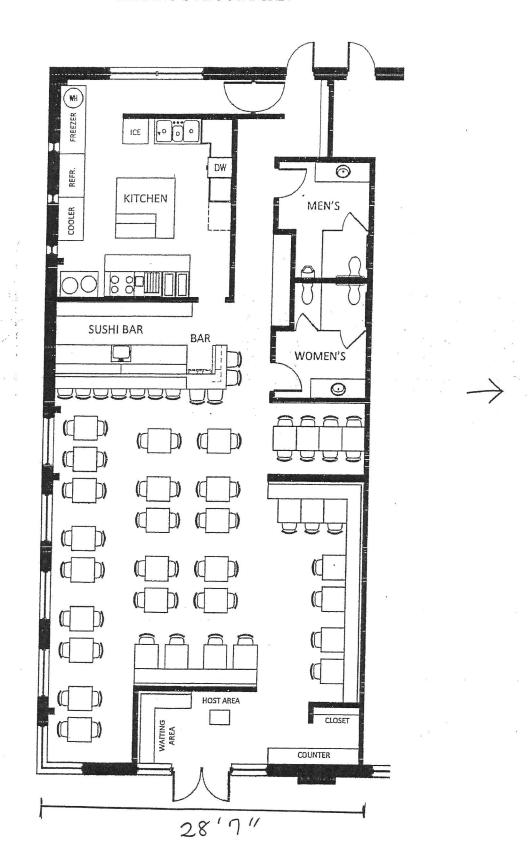
#### DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

See attached diagrams

Entire space of Suite F of building, one story, nosbasement



73,5"

#### APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.  Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.  XES NO						
If yes, please explain below or attach a separate page.  Ms. Kim has had several speeding tickets, but cannot remember when they occurred. There are no violations other than speeding violations.						
2. Are you buying the business and/or assets of a licensee?  YES  NO  If yes, give name of business and license number						
<ul><li>a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.</li><li>b) Include a list of alcohol being purchased, list the name brand, container size and how many?</li></ul>						
3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?  YES  NO  If yes, attach temporary agency agreement form and signature card from the bank.  This agreement is not effective until you receive your three (3) digit ID number from the Commission.						
4. Are you borrowing any money from any source to establish and/or operate the business?						
5. Will any person or entity other than applicant be entitled to a share of the profits of this business?  YES  NO  If yes, explain. All involved persons must be disclosed on application.						
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?  X YES NO  If yes, list such items and the owner. Soda machine leased from Coca Cola Distributing; dishwasher lease from Ecolab						
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?  YES  NO  If yes, explain.  No silent partners						

veterans, their wives, children, or within 3  YES  NO  If yes, list the name of such institution and	1150 feet of 150 f	a colleg s located	en, school, nospital, nome for the or university campus?	eb. Rev. Stat 53 (147)
9. Is anyone listed on this application a la  YES  NO  If yes, list the person, the law enforcement duties  10. List the primary bank and/or financial	w enforcer	nent off	icer?	WAR O I 2010
10. List the primary bank and/or financial who will be authorized to write checks and	institution d/or withdr	ı (branch awals or	n if applicable) to be utilized by accounts at the institution.	the business and the individual
Wells Fargo Bank, 1248 O Street, Lincoln, NE 68508 Hy	ang Kim			
11. List all past and present liquor licenses. Include license holder name, location of licenses held.  License No. 67668; Shogun	cense and l	icense n	umber. Also list reason for ter	mination of any license(s)
12. List the training and/or experience (what listed as followed:  a) Individual, applicant only (no spot) b) Partnership, all partners (no spot) c) Corporation, manager only (no state) d) Limited Liability Company, man	oouse) uses) spouse) nager only	(no spo	use)	n. Those persons required are
Name:	Date:		Where:	
riyang Killi	5 (64)		ivianager of Snogun	restaurant in Lincoln, NE
13. If the property for which this license is submit a copy of the lease covering the ention owner or lessee in the individual(s) or corporate the expiration date 5 yrs from the "Corporate Deed Purchase Agreement	re license porate name	year. Do for whi	ocuments must show title or lead the application is being filed	ase held in name of applicant as
<ul><li>14. When do you intend to open for busine</li><li>15. What will be the main nature of busines</li><li>16. What are the anticipated hours of opera</li><li>17. List the principal residence(s) for the participated</li></ul>	Restaura stion? Sun-T	nt Thurs 11:30a		
separate sheet.	ast to your.	o for dir	persons required to sign, moral	mig spouses. If necessary attach a
RESIDENCES FOR THE I	PAST 10 Y	EARS, A	PPLICANT AND SPOUSE MU	IST COMPLETE
APPLICANT: CITY & STATE	FROM	EAR TO	SPOUSE: CITY & STATE	YEAR FROM TO
Lincoln, NE	1997	Presen	t N/A	
		1		

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Signature of Applicant Hyang Kim	Signature of Spoase O I 2010
Signature of Applicant	Signature OF EMOSE COMMISSION
Signature of Applicant	Signature of Spouse
Signature of Applicant	Signature of Spouse
Signature of Applicant	Signature of Spouse
State of Nebraska	
County of Lancaster	County of
The foregoing instrument was acknowledged before me this 15th day of March 2010 by	The foregoing instrument was acknowledged before me this by
Hyang Kim  Patricuk, Bll  Notary Public signature	Notary Public signature
Affix Seal Here  GENERAL NOTARY - State of Notraska PATRICIA K. BELL Ny Comm. Esp. Sept. 19, 2013	Affix Seal Here

in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

# APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571

PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: <u>www.lcc.ne.gov</u> Office Use

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MAR 0 1 2010

NEBRASKA LIQUOR CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (	Articles must show barcode receipt by Se	cretary of States Office)
Name of Registered Agent: Christopher R	R. Heinrich	
Name of Corporation that will hold license	e as listed on the Articles	
Kinja, Inc.		
Corporation Address: 6420 Cannondale	Court	
City:Lincoln	State: NEZip	Code: 68516
Corporation Phone Number: (402) 420-24	56 Fax Number	
Total Number of Corporation Shares Issued:	10,000	
Name and notarized signature of presiden	t (Information of president must be listed	on following page)
Last Name: Kim	First Name: Hyang	MI: <u>N/A</u>
Home Address: 6420 Cannondale Court	City: Lincoln	
State: NE Zip Code: 68	Home Phone Number: (	402) 420-2456
	21	8 16
Sign State of Nebraska	nature of president Hyang	Kim
County of <u>Lancaster</u>	The foregoing instrument was a	cknowledged before me this
1st day of March, 201	by Hyang Kim	erson acknowledged
Patricia K. Bell	2	
Notary Public signature		PAL NOTARY - State of Nebraska PATRICIA K. BELL. My Comm. Exp. Sept. 19, 2013

been submitted) First Name: Hyang MI:N/A Last Name: Kim Date of Birth Social Security Number Title: Pres., Sec., Treas., Sole Dir., Sole SH Number of Shares 10,000 Spouse Full Name (indicate N/A if single): N/A Last Name:

Date of Birth:

MI: 12010

CONTROL COMMISSIONER

Spouse Social Security 1.....

Date of Birth: Spouse Social Security Number:\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Title: Number of Shares Spouse Full Name (indicate N/A if single): Spouse Social Security Number:\_\_\_\_\_ Date of Birth: Last Name: First Name: MI: Social Security Number:\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_ Title: Number of Shares Spouse Full Name (indicate N/A if single):\_\_\_\_\_ Spouse Social Security Number: Date of Birth: Last Name: First Name: MI: Social Security Number: Date of Birth:\_\_\_\_\_ Title: Number of Shares Spouse Full Name (indicate N/A if single):\_\_\_\_\_ Spouse Social Security Number: Date of Birth:

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has

YES	NO	
If yes, provide the nam	ne of corporation and	supply an organizational chart
Indicate the Corporation		IRS (Example January through December)
Starting Date: January		Ending Date: December 31
Is this a Non-Profit Co	rporation?	
Is this a Non-Profit Con	rporation?	

CONTROL COMMISSION

# MANAGER APPLICATION INSERT - FORM 3c

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814

Website: www.lcc.ne.gov

Office Use

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MAR 0 2 2010

NEBRASKA LIQUOFI CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information		
Name of Corporation/LLC: Kinja, Inc.		
Premise information		
Premise License Number: Applied for		
Premise Trade Name/DBA: Kinja Sushi & Jap	anese Cuisine	
Premise Street Address: 4141 Pioneer Woods	Drive, Suite F	
City: Lincoln	State: NE	Zip Code: 68506
Premise Phone Number: (402) 488-7800		
The individual whose name is listed in the promust sign their name below.	esident or contact member category	
	signatures are acceptable)	E Hyang Kim

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Manager's information must be completed below PLEASE PRINT CLEARLY

MAR 0 2 2010

Gender:	Gender: MALE FEMALE				MEBRA CONTRO	SKALI L COM	QUOR MISSION	
Last Nan	Last Name: Kim			_ First	Name: Hyang		MI:	
Home A	ddress (in	clude PO Box if appl	licable):_6	6420 Ca	innon	dale Court		
City: Lin	coln				State:	NE Zi	p Code	: 68516
Home Phone Number: (402) 420-2456 Bu			Business Phone Number: (402) 488-7800					
Social Se	ecurity N	ambo			_ Drivers License Number & State:			
Date Of I	Birtł			]	Place Of Birth: Seoul, S. Korea			
Are you	married?	If yes, complete spou	ise's info	rmation	(Even	if a spousal affidavit has be	en subn	nitted)
Spouse's	informat	ion		\$2				
Spouses Last Name: First Name:								
Social Security Number: Drivers License Number & State:								
Date Of Birth:Place Of Birth:								
APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS  APPLICANT SPOUSE								
		& STATE	FROM	EAR TO	11/0	CITY & STATE		YEAR FROM TO
Lincoln,	NE		1997	Now	N/A			
	en graffens		NACED	20 T A 0"	r TW	O EMPLOYERS		
1	AR	NAME OF				NAME OF SUPERVISOR	TELE	CPHONE NUMBER
10/03	TO 02/10	Shogun				Self	(402)	420-2456
		None previous						



MAR 0 2 2010

Has <u>anyone</u> who is a to any charge. Charlaw; a violation of a occurred and the year	party to this application, or their spouse, <u>EVER</u> been convicted of or plead guilty en means any charge alleging a felony, misdemeanor, violation of a federal or state ocal law, ordinance or resolution. List the nature of the charge, where the charge and month of the conviction or plea. Also list any charges pending at the time of	F			
✓YES □NO	If yes, please explain below or attach a separate page.	¥			
Ms. Kim has had several speeding tickets, but cannot remember when they occurred.  There are no violations other than speeding violations.					
	**				
2 /	* *				
Have you filed the re	uired fingerprint cards and PROPER FEES with this application? (The check or				
	Has anyone who is a property to any charge. Charge law; a violation of a looccurred and the year this application. If more this application. If more than the property of the same in the property of the same in	Kim has had several speeding tickets, but cannot remember when they occurred re are no violations other than speeding violations.  Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? IF YES, list the name of the premise.  Shogun, 3700 S. 9th Street, Lincoln, NE 68502  YES NO 8/29/05 License No. 67668  Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)			

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#### PERSONAL OATH AND CONSENT OF INVESTIGATION

WAR 0 2 2010

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the transfer thereof and all statements contained therein are true. If any false statement is made in any part of this application that application are true, and deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

HS/C	
Signature of Manager Applicant  Hyang Kim	Signature of Spouse
State of Nebraska	
County ofLancaster	County of
The foregoing instrument was acknowledged before me this <b>and day of March, 2010</b> by	The foregoing instrument was acknowledged before me this by
Hyang Kim	
Patricia K. Bell	
Notary Public signature	Notary Public signature
Affix Seal Here  GENERAL NOTARY - State of Nebraska PATRICIA K. BELL.  My Comm. Exp. Sept. 19, 2013	Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Authority / Autorité #Auto |F1708211078966941<515946 -22 Aug 2007

10ate of expedicion

10ate of expedic P<USAKIM<<pre># YANGSOOK ART / SIGNATORE DU TITULAIRE / FIRMA DEL TITULAR glace of birth/ Lieu de naissance//Lugar de nacimiento afte of issue / Date de délivrance / Fecha de expedición UNITED STATES OF AMERICA Given Names / Prenoms / Nor HYANGSOO SEE PAGE 27 KOREA XIX SIGNATURE OF BE 4298321546USA TO TO TO TO TO THE TOTAL OF THE The state of the s

### ARIONOCORDENA MARCONOCIONES CONTO

#### 



### No. 28461507

#### EKAGOSSOCKVS AND OF A

Personal description of holder as of date of naturalization:

Date of birth:

Sex: FEMALE

Height: 5 feet 3 inches

Marital status: DIVORCED

Country of former nationality:

SOUTH KOREA



CIS Registration No.

T certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Farary of Homeland Security

at: OMAHA, NEBRASKA

The Secretary having found that:

#### HYANG SOO KIM

then residing in the United States, intends to reside in the United States when sorequired by the Naturalization Laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the outh of allegiance in a ceremony conducted by the

#### U.S. CITIZENSHIP AND IMMIGRATION SERVICES

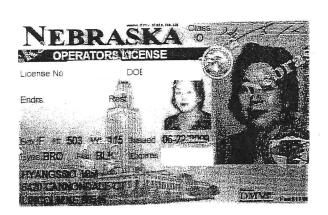
at: PAPILLION, NEBRASKA

On: FEBRUARY 04, 2005

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY, PRINT OR PHOTOGRAPH THIS CERTIFICATE, WITHOUT LAWFUL AUTHORITY.

Director, U.S. Citizenship and Trumigration Services





WAR O 1 2010

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NEBRASKALIONORION

CONTROL COMMISSION

#### ARTICLES OF INCORPORATION

#### OF

#### KINJA, INC.

The undersigned, acting as the incorporator under the Business Corporation Act, adopts the following Articles of Incorporation:

#### ARTICLE I. NAME

The name of the corporation shall be Kinja, Inc.

#### ARTICLE II. AUTHORIZED SHARES

The aggregate number of shares which the corporation shall have authority to issue is 10,000 shares, all common stock, having a par value of \$1.00 each.

#### ARTICLE III. BYLAWS

The board of directors shall adopt Bylaws for the management of the corporation, which Bylaws may be amended as provided therein.

#### ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation is 121 S. 13th Street, Suite 800, Lincoln, NE 68508, and the name of its initial registered agent at such address is Christopher R. Heinrich.

#### ARTICLE V. INCORPORATOR

The name and address of the incorporator is Hyang Kim, 6420 Cannondale Court. Lincoln, NE 68516.

Dated this 26th day of October, 2009.

Hyang Kim / Incorporator

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